



## UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
 United States Patent and Trademark Office  
 Address: COMMISSIONER FOR PATENTS  
 P.O. Box 1450  
 Alexandria, Virginia 22313-1450  
[www.uspto.gov](http://www.uspto.gov)

## BIB DATA SHEET

CONFIRMATION NO. 7840

| SERIAL NUMBER | FILING or 371(c)<br>DATE<br>RULE | CLASS | GROUP ART UNIT | ATTORNEY DOCKET NO. |
|---------------|----------------------------------|-------|----------------|---------------------|
| 09/762,692    | 10/31/2005                       | 623   | 3771           | 017534-005600US     |

**APPLICANTS**

Sabaratnam Sabanathan, Leeds, UNITED KINGDOM, Deceased;  
 Thirumani Sabanathan, Leeds, UNITED KINGDOM, Legal Representative;

**\*\* CONTINUING DATA \*\*\*\*\* /KCM/**

This application is a 371 of PCT/GB98/00652 03/03/1998

**\*\* FOREIGN APPLICATIONS \*\*\*\*\* /KCM/**

UNITED KINGDOM 9708681.3 04/30/1997

**\*\* IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\*\* SMALL ENTITY \*\***

| Foreign Priority claimed       | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | STATE OR COUNTRY   | SHEETS DRAWINGS | TOTAL CLAIMS | INDEPENDENT CLAIMS |
|--------------------------------|---|--|-----------------|--------------|--------------------|
| 35 USC 119(a-d) conditions met | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input checked="" type="checkbox"/> Met after Allowance<br>KCM<br>Initials | 3               | 25           | 3                  |
| Verified and<br>Acknowledged   | /KRISTEN CLARETTE<br>MATTER/<br>Examiner's Signature                |  |                 |              |                    |

**ADDRESS**

16 /KCM/ 2 /KCM/

TOWNSEND AND TOWNSEND AND CREW, LLP  
 TWO EMBARCADERO CENTER  
 EIGHTH FLOOR  
 SAN FRANCISCO, CA 94111-3834  
 UNITED STATES

**TITLE**

Occlusion device

|                                   |   |  |
|-----------------------------------|---|--|
| <b>FILING FEE RECEIVED</b><br>615 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees                            |
|                                   |   | <input type="checkbox"/> 1.16 Fees (Filing)                  |
|                                   |   | <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) |
|                                   |   | <input type="checkbox"/> 1.18 Fees (Issue)                   |
|                                   |   | <input type="checkbox"/> Other _____                         |
|                                   |   | <input type="checkbox"/> Credit                              |